

**There is no sound through your computer.  
You must dial-in on the telephone in order  
to hear the sound.**

## **What's New:**

- **Updated Functionality for Auto-Enrollment**
- **Updated Information on Addresses**
- **Duplicate HX ID Numbers**

**Date: August 21, 2019  
Time: 10:00am – 11:30am  
Dial-In Number: 1-855-897-5763  
Conference ID: 9954199**

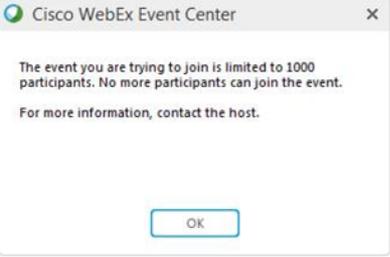
# TODAY'S WEBINAR



**If** you see this message when logging into the webinar...



As a reminder....  
If you previously registered for this webinar via:  
<https://meetny.webex.com/meetny/onstage/g.php?MTID=e53816d5ec733bd38b440a06a47ef6138>  
and you see the message below when logging into the webinar.



Please use this alternate link to join the webinar.  
<https://meetny.webex.com/meetny/onstage/g.php?MTID=e187539a779cc23bbc0d99d2eccb3dd9f>

The audio lines will be open for everyone and there is no limit to calling in to listen. Anyone who cannot access the webinar will be able to follow along using the slides sent previously.  
**Call-in information:**  
Dial in: 1-855-897-5763  
Conference ID: 9954199

Please note, all Assistors who are certified on NY State of Health are required to recertify annually.

Thank you for all that you do to help New Yorkers shop, compare and enroll in health insurance coverage through NY State of Health

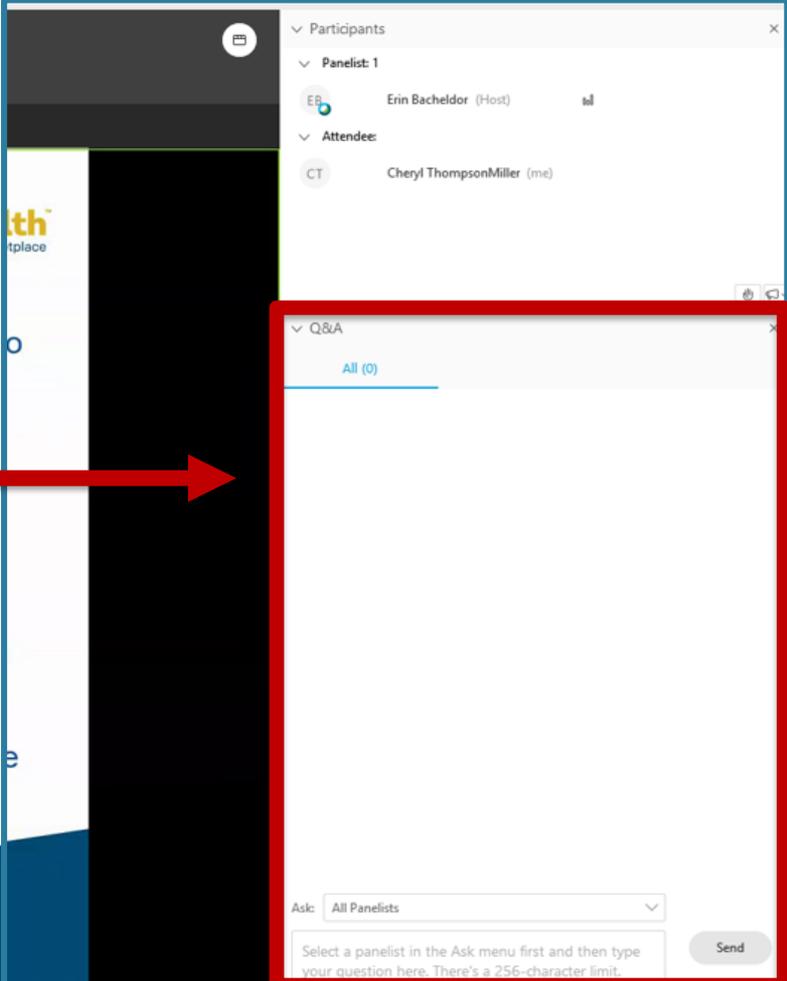
Please find this email:  
Subject Line: **2019 Spring Training Recertification Overflow Reminder I What's Coming**  
and click on the second link in order to log in.

**Dial-In Number: 1-855-897-5763**  
**Conference ID: 9954199**

# TODAY'S WEBINAR (CONT...)

- There is no sound through your computer.
  - Dial in to listen to the audio portion of the webinar using the audio instructions on your WebEx control panel.
  - All participants will remain muted for the duration of the program.
- Questions can be submitted using the Q&A function on your WebEx control panel;
  - We will pause periodically to take questions.

**Dial-In Number: 1-855-897-5763**  
**Conference ID:9954199**



The screenshot displays the WebEx control panel interface. On the right side, there is a 'Participants' window showing a list of attendees: Erin Bacheldor (Host) and Cheryl ThompsonMiller (me). Below this, the 'Q&A' window is highlighted with a red border. The Q&A window shows 'All (0)' questions. At the bottom of the Q&A window, there is a dropdown menu set to 'All Panelists', a text input field with placeholder text 'Select a panelist in the Ask menu first and then type your question here. There's a 256-character limit.', and a 'Send' button. A red arrow points from the text 'Q&A function on your WebEx control panel;' in the list above to the Q&A window in the screenshot.

# TODAY'S WEBINAR (CONT...)



A recording of the webinar and any related materials will be available online at our Spring Training webpage at:

<https://info.nystateofhealth.ny.gov/SpringTraining>

**YOU DESERVE AFFORDABLE HEALTHCARE.**  
Find the right health plan and financial assistance you need today.

## 2019 Spring Training

Session	Topic	Training Materials
1 July 31, 2019	Privacy and Security	Presentation Video Manual Identity Proofing Tool Kit Authorized Representative Designation Form Document Linking Checklist

*The 2018 Spring Training series is available [here](#).*  
*The 2017 Spring Training series is available [here](#).*  
*The 2016 Spring Training series is available [here](#).*  
*The 2015 Spring Training series is available [here](#).*  
*The 2014 Spring Training series is available [here](#).*

# Your Feedback: Privacy & Security

## Webinar Statistics

- More than 96% of the topic!
- 96% said information to better assist consumers

## Here's what you

- “More than 1,000 sessions.”
- “Knowledge is what will make us more effective in assisting consumers so



**nystateofhealth Training**

As a reminder....  
If you previously registered for this webinar via:  
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# PRESENTERS



## Welcome

Gabrielle Armenia

Bureau Director of Child Health Plus & Marketplace  
Consumer Assistance

## Panelists

Ruchika Bajaj

Bureau Director, Bureau of Business Requirements and  
Notices

Sara Oberst

Bureau Director, Exchange Application Support

Stacy Tuck

Medical Assistance Specialist 1, Bureau of Business  
Requirements and Notices

# NY State of Health Auto-Enrollment Functionality Updates!



The screenshot shows the nystateofhealth website homepage. At the top, there is a navigation bar with the logo, "ABOUT", "RESOURCES", "FORMS", "GET HELP", "1-855-355-5777", "ESPAÑOL", and "LANGUAGES". Below this is a secondary navigation bar with "Individuals & Families", "Employers", "Employees", "Brokers", and "Navigators". A "NEWS" section contains a link to educational materials in 27 languages. The main banner features the headline "YOU DESERVE AFFORDABLE HEALTHCARE." with a sub-headline "Find the right health plan and financial assistance you need today." and an "Enroll Today" button. The "Individuals & Families" section includes a photo of a family and text describing health insurance options. Below this are buttons for "GET STARTED", "View Plans and Estimate Your Cost", "Search by Health Plan", and "Search by Provider or Facility". At the bottom, a three-step process is outlined: 1. Create an Account, 2. Tell us about yourself and your family, and 3. Choose a health insurance plan.

**YOU DESERVE AFFORDABLE HEALTHCARE.**  
Find the right health plan and financial assistance you need today.

## Individuals & Families

You and your family have many low cost, quality health insurance options available through the Individual Marketplace.

You can quickly compare health plan options and apply for assistance that could lower the cost of your health coverage. You may also qualify for health care coverage from Medicaid or Child Health Plus through the Marketplace. Anyone can apply here.

[GET STARTED](#) [View Plans and Estimate Your Cost](#)

Get help finding an insurance assister in your area.

[Search by Health Plan](#) [Search by Provider or Facility](#)

- 1 Create an Account.
- 2 Tell us about yourself and your family.
- 3 Choose a health insurance plan.

# System updates under Medicaid (MA), Essential Plan(EP), and Child Health Plus (CHPlus)



## Current Functionality

### Scenario #1:

Consumers who complete a late renewal and become eligible for a program DIFFERENT than their current program must proceed to plan selection.

### Scenario #2

NY State of Health re-runs eligibility automatically under certain scenarios. Examples:

- When a child enrolled in CHPlus turns 19
- When an EP or Medicaid enrollee turns 65
- When the hub returns updated information on a consumer's immigration status

If consumers are disenrolled as a result of the system re-run, a notice is posted asking them to proceed to plan selection.

### Under the above scenarios:

- Existing program start date rules are applied (i.e. 15<sup>th</sup> of the month rule).
- This may result in gaps in plan coverage.

## Coming Soon! Functionality as of 8/25/2019

NY State of Health will automatically enroll (auto-enroll) consumers into a health plan with the same issuer whenever possible, **even when their program eligibility changes.**

- As long as a plan with the same issuer is available.

**Goal: Continuous enrollment for consumers without gaps in plan coverage whenever possible.**

When a Medicaid, Essential Plan, or Child Health Plus enrollee has their eligibility change from one program to another (MA, CHPlus, or EP) during an:

- Automatic Renewal
- Manual Renewal
- Late Renewal -
- System Re-run

Date that Medicaid, CHPlus, or EP Coverage is Ending	Ontime Renewal Period	Late Renewal Period
9/30/2019	8/16/2019 - 9/15/2019	9/16/2017 – 9/30/2017

the individual will be auto-enrolled in that plan, to the maximum extent possible, as long as the issuer offers a plan for that program.

**Exception: There may be a gap in plan coverage if:**

- the consumer chooses to enroll in a different plan than they had the previously, or
- the same plan is no longer available through the Marketplace.

# What about QHPs?



## Automatic Renewals with Auto-Enrollment

When eligibility changes from one program to another, if the same health plan exists, in most cases, the individual will be auto-enrolled in the same plan.

- QHP all types to MMC
- QHP all types to CHPlus (Subsidized only)
- QHP all types to EP

## Late Renewals - QHPs do not offer late renewal.

If a QHP enrollee renews between 12/16-12/31, or after their coverage ends, existing start date rules apply based on the program they are now eligible for and when plan selection is completed.

## System Re-run Scenarios

If a QHP enrollee is re-determined for MMC, subsidized CHPlus, or EP, the individual will be auto-enrolled in that plan, if the same health plan exists.

# Exceptions

## Auto-Enrollment is NOT possible when:

- A consumer is newly eligible for Full-Pay CHPlus.
  - **Reminder:** If the child was previously enrolled in Subsidized CHPlus and the family chooses the same Full-Pay CHPlus plan before the subsidized coverage ends, coverage will continue in that plan without any gaps.
- A consumer is newly eligible for a QHP (Subsidized or Full-Pay).
- A consumer goes from a QHP to a QHP in another county.
- A consumer completes a manual renewal and goes from a QHP to MMC/EP/CHPlus.

When Auto-enrollment is not possible, the consumer **must** proceed to plan selection during the timeframe specified in their notice.

- they can select: [Pick a New Plan](#)
- enrollment for the new plan will be based on existing program rules.

When the subscriber on a CHPlus policy has their coverage cancelled or terminated (for reasons other than non-payment), the entire policy is cancelled.

<b>Current Functionality</b>	<b>Coming Soon! Functionality as of 8/25/2019</b>
<p>The family needs to take additional steps to re-enroll their remaining eligible children.</p>	<p>Remaining eligible children will be auto-enrolled back into the same plan.</p> <ul style="list-style-type: none"><li>• Youngest member of the household will become the subscriber.</li><li>• Premium responsibility amount will be re-evaluated.</li><li>• A notice will be sent to the consumer.</li><li>• The plan will also be notified.</li></ul>

# ASSISTOR ROLE



NY State of Health is working to make sure that enrollment in a plan will be automatically completed whenever possible.

- Many accounts will be auto-enrolled.
- Some accounts may still need plan selection.

## Assistor Key Responsibility:

- Assistors should always help the consumer proceed to plan selection and complete the process if needed.

## Plan Selection:

- Consumer will see if a plan has already been selected for them and they have been auto-enrolled in that plan.
- Consumer can change their plan if they choose.
- Consumer will see that plan selection may still be needed.

# Poll Question #1



You help Mona to complete her renewal, and her income has decreased. She is now eligible for Medicaid Managed Care (MMC). She would like to enroll in the same plan that she had when she was previously in Essential Plan 2. What do you say to her?

- A. You can re-enroll in the same plan, but you may have a month or two (2) of coverage under Medicaid Fee-For-Service only before your MMC plan coverage starts.
- B. NY State of Health will automatically enroll you in the same plan you had before, so we are all set with your appointment today.
- C. In order to keep your plan, we need to call the Customer Service Center to request that coverage in the same plan be reinstated without any gaps.
- D. The system will auto-enroll you in the same plan, as long as its available. Let's go into your "plans tab" and make sure that the plan is still available and double check that your enrollment has been completed.

# Questions?

- Updated Functionality for Auto-Enrollment



# Updated Information for Assistors on Addresses

# Modifications to “Account and Identity” Page



➤ Home Address is now referred to as “Household Address”. Instructions for this section have also been updated.

➤ Mailing Address section has also been updated to provide more instructions.

**Household Address**

Tell us where you live. Enter the house or building number and street name in Address Line 1. Enter your apartment number, room number, or suite number in Apt / Suite. Your household address cannot include a post office box.

Address Line 1 \*      Apt / Suite      Address Line 2

1234 Health Consumer Way          

City \*      Zip Code \*      County \*      State \*

Albany      12210      Albany      New York

**Mailing Address**

Your mailing address is where you want your mail to be delivered. NY State of Health will use your mailing address to send notices and other important insurance information.

Use a post office box or street address in Address Line 1, but not both. If the address also has a directional (for instance, “east” or “west”), be sure to include it. Enter your apartment number, floor number, or suite number in Apt / Suite field. **An incomplete address can prevent your mail from being delivered correctly.**

My mailing address is the same as my residential address

Address Line 1 \*      [Add in care of \(c/o\) ?](#)      Apt / Suite      Address Line 2

1234 Health Consumer Way          

City \*      Zip Code \*      County \*      State \*

Albany      12210      Albany      New York

# Account & Identity Page

- The “*Click here if you want your mail sent in care of another person*” button has been removed from this page.



### Home Address

Tell us where you live. Enter the house or building number and street name in Address Line 1. Tell us the street address that is on your U.S. Driver's License or other government issued Photo-ID. If you have an apartment number, room number, or suite number, enter it in Address Line 2. Your home address cannot include a P.O. Box.

Address Line 1 \*  Apt/Suite  Address Line 2

City \*  Zip Code \*  County \*  State \*

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### Mailing Address

The Marketplace may send information such as notices to your mailing address. Enter the house or building number and street name or a P.O. Box in Address Line 1. Enter your apartment number, room number, or suite number in Address Line 2. If you want your mail sent in care of another person, begin by writing C/O followed by the person's name in Address Line 2.

My mailing address is the same as my residential address

Address Line 1 \*  Apt/Suite  Address Line 2

City \*  Zip Code \*  County \*  State \*

Click here if you want your mail sent in care of another person

# Account & Identity Page

- Although the button has been removed, a new “*care of*” (aka c/o) feature has been added above the Mailing Address Line 1 field allowing the consumer to enter the name of a friend or family member who will be responsible for receiving their mail. The c/o field can be removed at any time via “Editing Account Information” or updating consumer’s application.

Mailing Address

Your mailing address is where you want your mail to be delivered. NY State of Health will use your mailing address to send notices and other important information.

Use a post office box or street address in Address Line 1, but not both. If the address also has a directional (for instance, “east” or “west”), be sure to include it. Enter your apartment number, floor number, or suite number in Apt / Suite field. **An incomplete address can prevent your mail from being delivered correctly.**

My mailing address is the same as my residential address

Address Line 1 \*   Apt/Suite

City \*  Zip Code \*  County \*  State \*

Note: The “Care of” option will appear for all mailing address fields in the application

# Modifications to “Where You Live” Page

- Instructions and help text added or modified
- Home Address label changed to “Household Address”
- Mailing Address is added to the page to allow the consumer to view address with a link to also make changes
- Household address confirmation pop-up screens added
- The consumer can assign residential and legal addresses to other members of the household
- New mailing address question appears when “No Fixed Residential Address” is selected
- New pop-up screens/help/instructions for New York State Address Confidentiality Program (ACP)

# Tell us where you live

Tell us where you live.

Tell us where everyone who is applying for health insurance coverage lives. Before starting, check the Household and Mailing addresses below and update them if you need to.

Full-time students living in another state can still get health insurance coverage in New York State using their New York address. If you are working outside of New York State but live in New York, use the address where you live. This will allow you to get health insurance coverage and providers in New York State.

Household Address [Tell me more](#)

100 S Main Ave  
Albany, NY 12208

[Change This Address](#)

Mailing Address [Tell me more](#)

32 Austain Ave # 1A  
Albany, NY 12205

[Change This Address](#)

Residential Address [Tell me more](#)

Does everyone live at the Household Address shown above?

Yes  No

Who does not live at the Household Address shown above?  
Select a member, and then, click the edit button to change the address.

Member Name	Street Address	County	State
<input type="checkbox"/> Mary Lamb (49)	Lives at Household Address	Albany	NY
<input type="checkbox"/> Johnny Lamb (11)	Lives at Household Address	Albany	NY

Legal Address [Tell me more](#)

Is everyone's legal, fixed and permanent address the same as the Household Address?

Yes  No

[Back](#) [Next](#)

Instructions modified

Mailing Address field with help text added to allow the consumer to view and link to edit/change address

- Modified residential questions and help text
- Assign or update residential address for other members of the household

- Modified legal question and help text
- Assign or update legal address to other members of the household

# Tell us where you live - Residential Address



When the consumer answers "No" to the Residential Address question, a follow-up question will be asked:

Who does not live at the Household Address shown above?

The consumer can select household member(s) and click the edit button to update their residential address.

Household Address [Tell me more](#)

100 S Main Ave  
Albany, NY 12208

Mailing Address [Tell me more](#)

32 Austain Ave # 1A  
Albany, NY 12205

Residential Address [Tell me more](#)

Does everyone live at the Household Address shown above?

Yes  No

Who does not live at the Household Address shown above?  
Select a member, and then, click the edit button to change the address.

Member Name	Street Address	County	State
<input type="checkbox"/> Mary Lamb (49)	Lives at Household Address	Albany	NY
<input checked="" type="checkbox"/> Johnny Lamb (11)	100 S Main Ave	Albany	NY

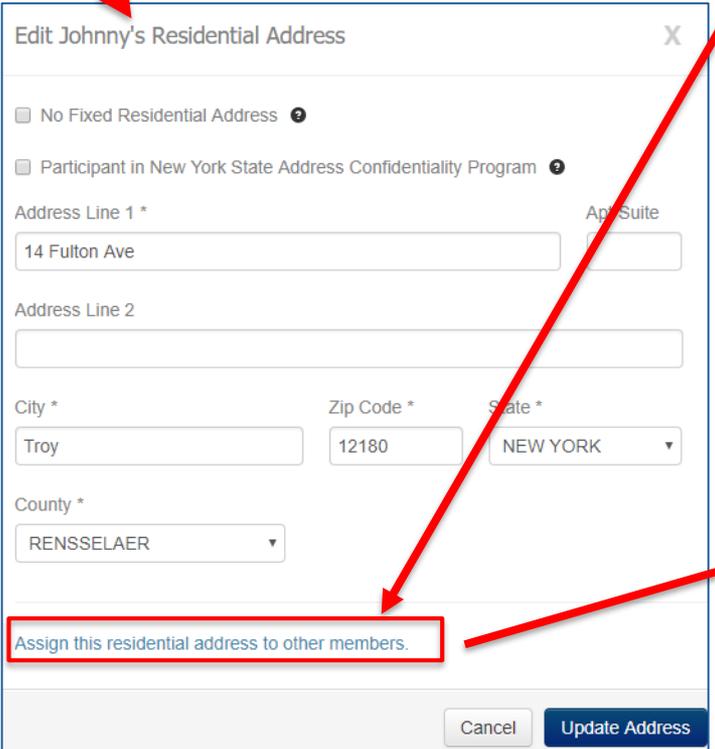
Legal Address [Tell me more](#)

Is everyone's legal, fixed and permanent address the same as the Household Address?

Yes  No

# Tell us where you live – Residential Address

When the consumer clicks the “Edit” button (previous slide) for a household member, a new pop-up will display allowing them to enter or modify the residential address of that household member.



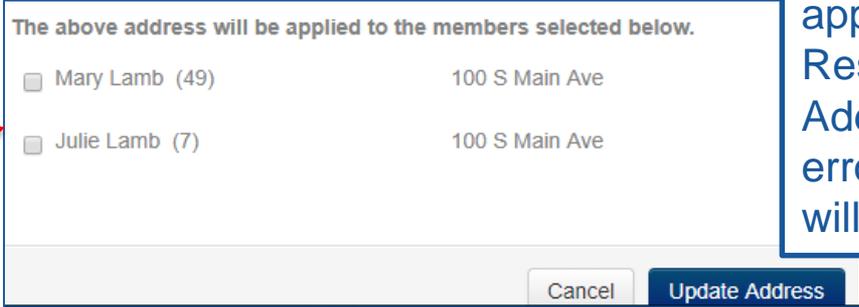
The screenshot shows a form titled "Edit Johnny's Residential Address" with a close button (X) in the top right corner. It contains several input fields and checkboxes:

- No Fixed Residential Address
- Participant in New York State Address Confidentiality Program
- Address Line 1 \*: 14 Fulton Ave
- Address Line 2: (empty)
- City \*: Troy
- Zip Code \*: 12180
- State \*: NEW YORK
- County \*: RENSSELAER
- Apartment/Suite: (empty)

At the bottom of the form, there is a checkbox labeled "Assign this residential address to other members." which is highlighted with a red box. Below the form are "Cancel" and "Update Address" buttons.

1) A new feature was added allowing the option to assign this new residential address to other household members.

2) When this link is selected, the consumer can then select the member(s) to assign the residential address to.



The screenshot shows a list of household members with checkboxes for selection. Above the list is the text: "The above address will be applied to the members selected below."

<input type="checkbox"/>	Mary Lamb (49)	100 S Main Ave
<input type="checkbox"/>	Julie Lamb (7)	100 S Main Ave

At the bottom of this section are "Cancel" and "Update Address" buttons.

Note: If the consumer selects all members to apply the new Residential Address, an error message will display.

# Tell us where you live – No Fixed Residential Address



When editing residential address, the consumer will see the option for No Fixed Residential Address.

**No Fixed Residential Address** applies to persons who may be homeless, are temporarily living with friends or family, travel continually for work, or have no fixed residential address.

A new conditional question will only be presented to the **Account Holder** when the “No Fixed Residential Address” is selected for this person:

*Do you have access to a reliable mailing address where you are able to receive mail that is delivered by the US Postal Service?*

A screenshot of a web form titled "Edit Mary's Residential Address" with a close button (X) in the top right corner. The form contains several sections. A red rectangular box highlights the "No Fixed Residential Address" option, which is selected with a green checkmark. Below this option is a question: "Do you have access to a reliable mailing address where you are able to receive mail that is delivered by the US Postal Service? \*". There are two radio buttons: "Yes" (unselected) and "No" (selected). Below the question is a checkbox for "Participant in New York State Address Confidentiality Program". The form also includes input fields for "Address Line 1" and "Apt/Suite", "Address Line 2", "City", "Zip Code", "State \*" (a dropdown menu currently showing "NEW YORK"), and "County \*" (a dropdown menu currently showing "ALBANY"). At the bottom right, there are two buttons: "Cancel" and "Update Address".

# Tell us where you live – No Fixed Residential Address

### Edit Johnny's Residential Address X

No Fixed Residential Address ?

Participant in New York State Address Confidentiality Program ?

Address Line 1 \* Apt/Suite

Address Line 2

City \* Zip Code \* State \*

County \*

---

Assign this residential address to other members.

When “No Fixed Residential Address” is selected, the following fields will be cleared and disabled:

- Address Line 1
- Apt/Suite
- Address Line 2
- City

Consumer must enter in their zip code and county.

- Allows for appropriate plan selection based on where the consumer is sleeping/staying.

# Tell us where you live –

## New York State Address Confidentiality Program (ACP)



**Address Confidentiality Program** is administered by the NYS Department of State for victims of domestic violence. When ACP is selected, participants are given identification cards with a substitute post office box address (PO Box 1110, Albany NY 12201-1110).

- NY State of Health will update the consumer’s mailing address using this substitute address to send all notices/mail to the consumer.
- Consumer must enter in their zip code and county.
  - Allows for appropriate plan selection based on where the consumer is living.

Edit Mary's Residential Address X

No Fixed Residential Address ?

Participant in New York State Address Confidentiality Program ?

Address Line 1 Apt/Suite

Address Line 2

City  Zip Code  State \*

County \*

Household Address is concealed and mailing address is changed to match the ACP PO Box address.

Tell us where you live.

Tell us where everyone who is applying for health insurance lives. Before starting, check the Household and Mailing addresses below and update them if you need to.

Full-time students living in another state can still get health insurance coverage in New York State. If you are working outside of the state but live in New York, use the address where you live. This will allow you to get health coverage and providers in New York State.

**Household Address** [Tell me more](#)

This address is concealed because one or more members are in the New York State Address Confidentiality Program.

**Mailing Address** [Tell me more](#)

PO Box 1110  
Albany, NY 12201

Changes to this address cannot be made while any member is a participant in the New York State Address Confidentiality Program.

# Tell us where you live –

## New York State Address Confidentiality Program (ACP)



Consumers who selected the Address Confidentiality option **prior** to August 26, 2019 and are returning to update their application will be presented with an ACP confirmation box.

New York State Address Confidentiality: Change to Your Mailing Address

You attested that one or more members are a participant in the New York State Address Confidentiality Program. **NY State of Health will update the mailing address for this account to match the post office box used by the New York State Address Confidentiality Program.**

If you do not want your mailing address updated, go back and edit the residential address for any members who selected the New York State Address Confidentiality Program option.

Note: This screen will not appear again once the consumer has confirmed their selection to the ACP question.

# Tell us where you live –

## New York State Address Confidentiality Program (ACP)



Consumers who select the Address Confidentiality option **on or after** August 26, 2019 will be presented with an ACP confirmation box to abort or proceed with NY State of Health updating the consumer's mailing address to the post office box used for the ACP.

A screenshot of a web-based confirmation dialog box titled "Edit Mary's Residential Address" with a close button (X) in the top right corner. The main text, displayed in a yellow background, reads: "Because you attested that Mary is a participant in the New York State Address Confidentiality Program, NY State of Health will update the mailing address for this account to match the post office box used by the New York State Address Confidentiality Program." Below this, a question asks: "Are you sure you would like to make this change?". At the bottom right, there are two buttons: a light gray "Cancel" button and a dark blue "Proceed" button.

Note: This screen will always appear when a consumer has confirmed their selection to the ACP question.

# Tell us where you live – Legal Address



When the consumer answers “No” to the Legal Address question, a similar follow-up question will be asked.

The consumer can select any member and click the Edit button to change their legal address

Legal Address [Tell me more](#)

Is everyone’s legal, fixed and permanent address the same as the Household Address?

Yes  No

Whose legal address does **not** match the Household Address shown above?  
Select a member, and then, click the edit button to change the address.

Member Name	Street Address	County	State	
<input type="checkbox"/> Mary Lamb (49)	Same as Household Address	Albany	NY	
<input checked="" type="checkbox"/> Johnny Lamb (11)	100 S Main Ave	Albany	NY	<input type="button" value="Edit"/>
<input type="checkbox"/> Julie Lamb (7)	Same as Household Address	Albany	NY	

Edit Johnny’s Legal Address

Address Line 1 \*  Apt/Suite

Address Line 2

City \*  Zip Code \*  State \*

County \*

Assign this legal address to other members.

# Tell us where you live – “Next”

Residential Address [Tell me more](#)

Does everyone live at the Household Address shown above?

Yes  No

Note: When “Yes” is selected, and the consumer clicks on “next” to move to the next page of the application, this confirmation box will appear.

Confirm Your Household Address X

Please confirm the Household Address listed below is correct. This address will be used as the residential address for everyone in the household.

**4563 Surprise Result Rd**  
**Surprise, NY 12167**

If you would like to update this address, go back and use the **Change this Address** link to make the changes.

[Go Back](#) [Confirm](#)

- NEW Pop-up screen
- One-time confirmation of household address for existing NY State of Health accounts created prior to August 26, 2019.
- Please check the address and make any updates as needed.

# Tell us where you live – “Next”

Residential Address [Tell me more](#)

Does everyone live at the Household Address shown above?

Yes  No

Note: When “No” is selected, and the consumer clicks on “Next” to move to the next page of the application, a similar confirmation box will appear.

- NEW Pop-up screens
- One-time confirmation of household address for existing NY State of Health accounts created prior to August 26, 2019.
- Please check the addresses and make any updates as needed.

### Confirm Your Addresses

Please confirm the Household Address listed below is correct.

**4563 Surprise Result Rd**  
Surprise, NY 12167

---

Also review the addresses below and confirm what is shown.

<b>Robert H. Fitzgerald Sr. (41)</b>	4567 Affordable Coverage Lane	Northumberland	Massachusetts
<b>Alexandra O. Fitzgerald (37)</b>	New York State Address Confidentiality Program	Albany	New York
<b>Robert H. Fitzgerald Jr. (19)</b>	No Fixed Residential Address	Albany	New York
<b>Michelle T. Fitzgerald (15)</b>	Lives at Household Address	Albany	New York
<b>Aubergine O. Fitzgerald (2)</b>	Lives at Household Address	Albany	New York
<b>Unus R. Fitzgerald (87)</b>	Lives at Household Address	Albany	New York
<b>Dolores P. Fitzgerald (91)</b>	Lives at Household Address	Albany	New York

What if someone has no fixed residential address or is in the New York State Address Confidentiality Program?

If someone has no fixed residential address or is in the New York State Address Confidentiality Program, you should see **No Fixed Residential Address** or **New York State Address Confidentiality Program** listed next to their name. If you do not see this, go back and edit their residential address to make the needed selection.

If you would like to make any changes go back and review the available options.

# Assistor Dashboard Flags



When the system has identified an account of having a mailing address discrepancy, for a change of address found with the US Postal Service, (2) different outcomes will occur:

1. An “Address Discrepancy Flag” will display on the Assistor’s dashboard.
2. The individual will be automatically be navigated to the “Account and Identity Information” page (once they log into their account) where a warning message is displayed indicating that an address discrepancy was identified.
  - The consumer will be forced to resolve the address discrepancy before proceeding further.

Individual's Name [Last] [First]	AccountID	SSN	Phone Number	Address	End Date	Enrollments Status	Action
Name Address Discrepancy	ACXXXX XXXXXX	***- **- 0000	5185 5555 55	123 Main Street	xx00000 0000: 12/31/2016	xx00000 0000: submitted	Manage Invite Delete

Flag on Dashboard      Warning Message

Mailing Address

The U.S. Postal Service told us that you moved or that your mailing address is incomplete. Update your mailing address below. Coverage for you or your family may be impacted if we do not have the most up-to-date mailing address.  
Make sure that NY State of Health has the address where you and your household member live. Click on the "Update Application" button to review the addresses in your application. Click through all the pages of your application and update the information. Be sure to sign and submit your application before you exit.

The Marketplace may send information such as notices to your mailing address. Enter the house or building number and street name or a P.O. Box in Address Line 1. Enter your apartment number, room number, or suite number in Address Line 2. If you want your mail sent in care of another person, begin by writing C/O followed by the person's name in Address Line 2.

Address Line 1 \*      Apt/Suite      Address Line 2

1004 Coventry Ln               

City \*      Zip Code \*      County \*      State \*

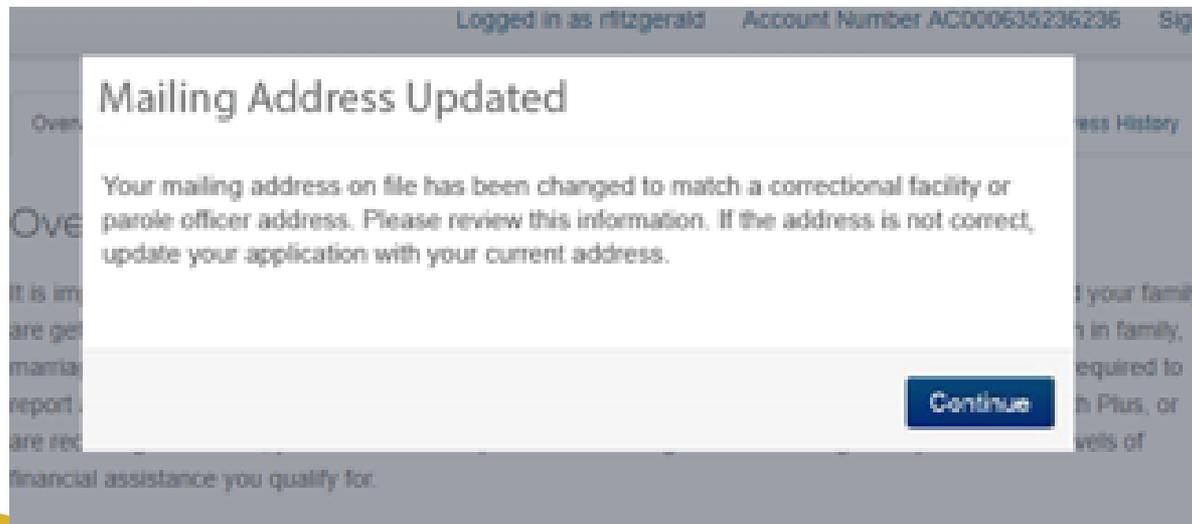
East Greenbu:      12061      RENSSELAER      NEW YORK

# NYS Correctional Facility/Parole



If a consumer is incarcerated and found to be Medicaid eligible, the coverage they qualify for is **Medicaid, inpatient hospital only coverage.**

- Alerts are presented to 1-person households in this scenario when the mailing address is updated from NYS DOCCS incarceration file to a NYS correctional facility or parole office.
- When the account is opened, and the consumer clicks on “Update Application”, they will be presented with a pop-up message notifying them of the change.
- Help the consumer to check their address on their overview page and update the address if needed.



# Important Information



NY State of Health will send important information to the consumer's mailing address.

- Even if the consumer chooses to “go paperless,” some information will still be mailed, such as insurance cards.
- Consumers must update their residential address and mailing address (if different) with NY State of Health, not just with their insurance plan.



# Undeliverable Mail



When a notice mailed to the consumer is returned by the US Postal Service as undeliverable with no forwarding address, the system will check to determine if a change of mailing address was made to the consumer's application after the original notice was generated by the system.

If the mailing address was updated after the notice was initially generated, then the system will resend the notice to the consumer to the updated/changed mailing address in the application.



The logo for nystateofhealth, featuring a blue outline of the state of New York to the left of the text "nystateofhealth" in a bold, sans-serif font. Below the text is the tagline "The Official Health Plan Marketplace" in a smaller, lighter font.

A square QR code.

Mary Lamb  
100 Main Street Apt 26  
New City, NY 10040-5088

August 16, 2019  
Account ID: AC0000000000

**NOTICE – RESENDING RETURNED MAIL**

You are getting this letter because NY State of Health sent you information, by U.S. mail, to the mailing address provided in your account. However, this mailing was returned to the Marketplace as undeliverable.

We are resending this information to your new address. Enclosed is the original notice that was sent to you and returned to us as undeliverable.

# Undeliverable Mail



When a notice is mailed to the consumer and is returned by the US Postal Service as undeliverable with no forwarding address and **NO CHANGE** of mailing address was made to the consumer application after the original notice was generated by the system:

- The mailing address will show as invalid in the consumer’s account.
- A notice will be posted to the account indicating the eligibility determination made based on the invalid address.
  - MA/CHPlus/EP eligible consumers will be determined ineligible for coverage.
  - APTC/CSR eligible consumers will have their eligibility changed to Full Pay QHP.
- Consumer should update their address ASAP.
- Assistors can suggest consumers “go paperless”. Consumers will receive an email from NY State of Health when a notice has posted to their account to log in to view the notice.

A screenshot of a web form for entering an address. The form has four input fields for "Address Line 1", "Apt/Suite", and "Address Line 2", and four dropdown menus for "City", "Zip Code", "County", and "State". The "Address Line 1" field contains "12 South swan street". Below the form, a red error message reads: "We could not send any mail to this address. Please update your mailing address."

Address Line 1 *	<a href="#">Add in care of (c/o)</a> ⓘ	Apt/Suite	Address Line 2
<input type="text" value="12 South swan street"/>		<input type="text"/>	<input type="text"/>
City *	Zip Code *	County *	State *
<input type="text" value="Albany"/>	<input type="text" value="12208"/>	<input style="text-align: center; font-size: small; font-weight: normal; border: none; border-bottom: 1px solid #ccc;" type="text" value="ALBANY"/>	<input style="text-align: center; font-size: small; font-weight: normal; border: none; border-bottom: 1px solid #ccc;" type="text" value="NEW YORK"/>
<b>We could not send any mail to this address. Please update your mailing address.</b>			

# Poll Question #2



While looking at your dashboard, you notice a flag that says “address discrepancy” for one of your consumers. What should you do?

- A. Ignore the flag because there is no way for you to help the consumer since they are not with you currently.
- B. Run a search on the internet to try and verify the address.
- C. Contact the consumer to make an appointment to update their account. Let the consumer know that having a valid address is important and may impact their eligibility for health insurance.
- D. Contact the US Postal service and ask if the consumer has recently moved.

# Questions?

- Updated Information on Addresses



# New Information on Duplicate HX Identification Numbers

NY State of Health is working to improve the efficiency of the HX ID matching process.

- When changes are made to the demographic section of a consumer's application, new HX ID pop-up screens may appear. These messages will let you know that:
  - A match was found – NY State of Health recognizes this consumer (they are known to the system).
  - A potential match was found – NY State of Health *may* recognize this consumer.
    - They will be asked to enter their existing Marketplace ID number (HX ID number).
  - No update can be made.
    - They will be asked to call Customer Service.
  
- Sometimes the system will recognize an information change and need confirmation from the consumer of their intentions in changing the demographic information.
  - Is the consumer updating a current household member's information?
  - Is the consumer adding a new household member?
  - Is the consumer trying to remove one household member and add a different household member?

# Match Found

Match Found for Nicole Profiterole

We have found Nicole M Profiterole (21) in our system.

Clicking "Save Changes" means that Nicole M Profiterole (21) will be removed from your account, and if enrolled, their healthcare coverage will end. Nicole Profiterole will be added to your account.

You must complete and submit your application, with the changes you made, to receive an eligibility determination for all newly added and current household members.

If you click "Cancel" none of your demographic changes will be saved.

I understand that I am removing this member which will result in termination of their healthcare coverage, and that a new household member will be created.

Pressing "Cancel" reverts the changes made, closes the pop-up, and returns the consumer to the Build Your Household page.

Pressing "Save Changes" updates the demographic information and navigates the consumer to the income section

# Potential Match Found



## Potential Match Found for Nicole Profiterole

We may have found Nicole Profiterole (21) on an existing application in our system. Please enter their Marketplace ID from any previous application. If you do not have their Marketplace ID or do not remember their Marketplace ID, please call customer service at 1-855-355-5777.

Marketplace ID:

Clicking "Save Changes" means that Nicole M Profiterole (21) will be removed from your account, and if enrolled, their healthcare coverage will end. Nicole Profiterole will be added to your account.

You must complete and submit your application, with the changes you made, to receive an eligibility determination for all newly added and current household members.

If you click "Cancel" none of your demographic changes will be saved.

I understand that I am removing this member which will result in termination of their healthcare coverage, and that a new household member will be created.

Marketplace ID:

Marketplace ID:

If the consumer presses "Save Changes" without inputting text into the "Marketplace ID" field, the message "Marketplace ID is required" is shown.

The consumer is given 3 attempts to enter a valid HX ID.

When input is invalid, the message "Marketplace ID is invalid" will display.

Pressing "Cancel" returns the consumer to Build Your Household or Account Page.

Pressing "Save Changes" navigates to the existing Account Information Page, Reasons for Removal Screen, or Income or Build your Household.

I understand that I am removing this member which will result in termination of their healthcare coverage, and that a new household member will be created.

If the consumer does not check the check box before pressing the "Save Changes" button, they are presented with an "Attestation is required" message.

# Potential Match Found

## Potential Match Found for Nicole Profiterole

We may have found Nicole M Profiterole (21) on an existing application in our system. Please enter their Marketplace ID from any previous application. If you do not have their Marketplace ID or do not remember their Marketplace ID, please call customer service at 1-855-355-5777.

Marketplace ID:

Marketplace ID is invalid



## Could Not Validate Marketplace ID

Please call customer service at 1-855-355-5777.

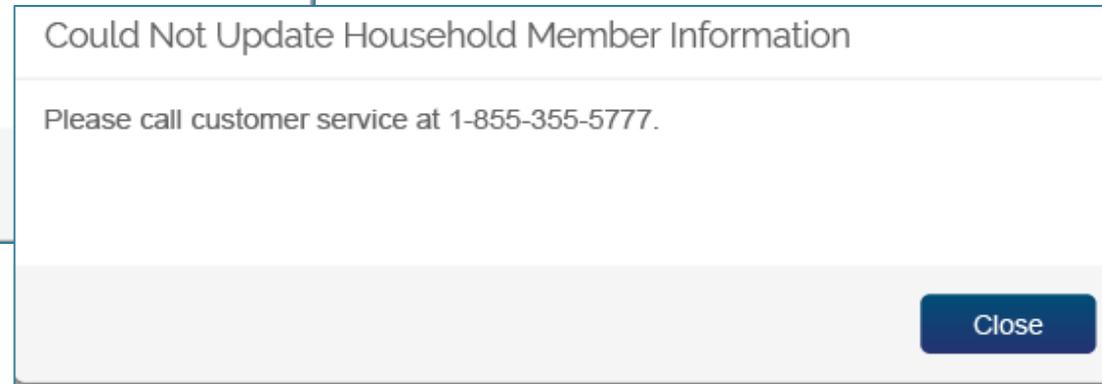
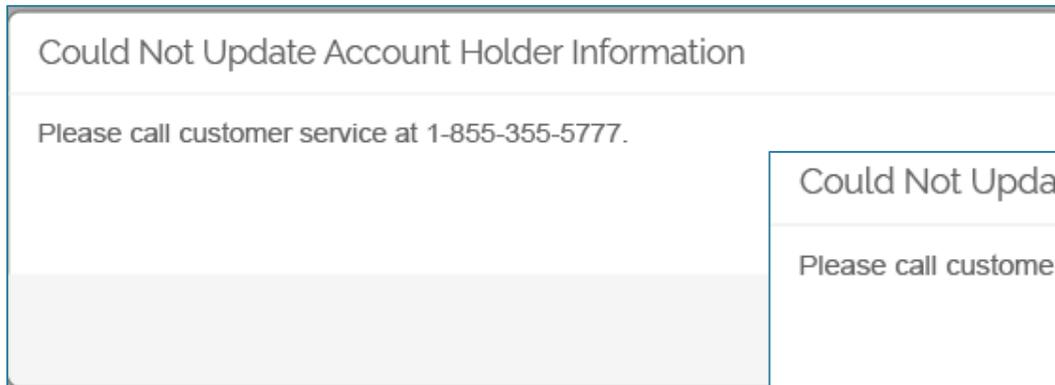
Close

After the third failed attempt, the screen changes instruction.

The consumer should contact customer service.

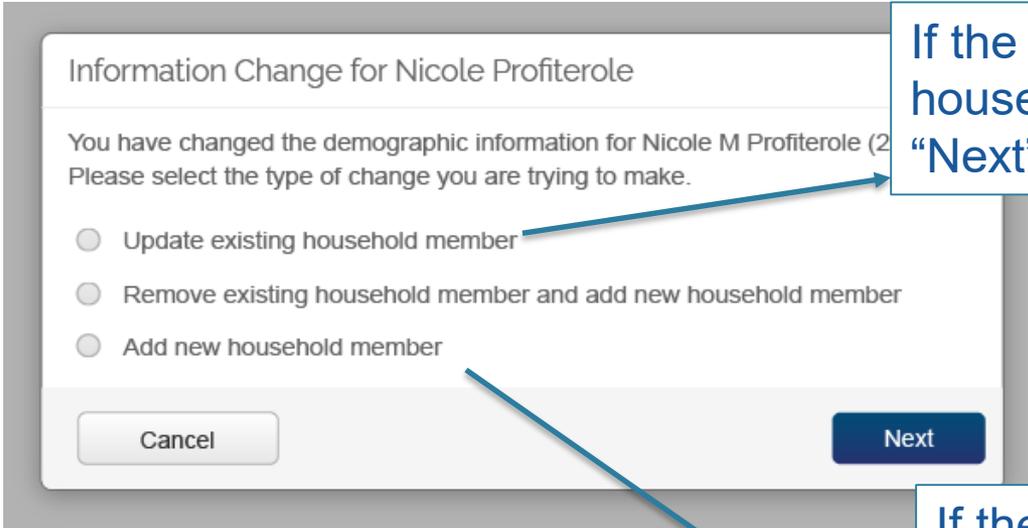
# No Update Can Be Made

Some consumers will be directed to call customer service to resolve the HX ID pop-up screen.



Pressing “Close” returns the consumer to the screen underneath.

# Information Change



Information Change for Nicole Profiterole

You have changed the demographic information for Nicole M Profiterole (2)  
Please select the type of change you are trying to make.

Update existing household member

Remove existing household member and add new household member

Add new household member

Cancel Next

If the consumer selects “Update existing household member” and then presses “Next” the change is made

If the consumer selects “Add new household member” and presses “Next” the screen is closed they are taken to the Build your Household Screen

- If they select this option, all the demographic changes are reverted and the Assistor should help the consumer to add the new member to the application.

Pressing “Cancel” reverts all changes and navigates to the “Build Household” section.

# Information Change

## Information Change for Nicole Profiterole

You have changed the demographic information for Nicole M Profiterole (21). Please select the type of change you are trying to make.

- Update existing household member
- Remove existing household member and add new household member

Clicking "Next" means that Nicole M Profiterole (21) will be removed from your account, and if enrolled, their healthcare coverage will end. Nicole Profiterole (21) will be added to your account.

You must complete and submit your application, with the changes you made, to receive an eligibility determination for all newly added and current household members.

If you click "Cancel" none of your demographic changes will be saved.

- Add new household member

Cancel

Next

If the consumer selects "Remove existing household member and add new household member" the pop-up expands to show a warning message.

- If the consumer agrees that they are trying to remove 1 household member, and add a different household member, and clicks on "next" they are shown the Reasons for Removal Page for the member that they are removing from the account.

## Nicole Marie Profiterole (21)

Please provide a reason for removal (optional).

Select

- Will be covered by another plan
- Deceased
- Divorce or annulment
- No longer eligible due to age
- Legal separation
- Moved out of state
- End of domestic partnership
- No longer in household
- Other reasons

# Messaging

Clicking "Save Changes" means that Nicole M Profiterole (21) will be removed from your account, and if enrolled, their healthcare coverage will end. Nicole Profiterole will be added to your account.

You must complete and submit your application, with the changes you made, to receive an eligibility determination for all newly added and current household members.

If you click "Cancel" none of your demographic changes will be saved.

Read and review all messages and notices.

- Existing consumers will have their coverage ended at the end of the current month.
- New consumers and existing household members need to be re-determined.

You **must** finish running through the application for a new eligibility determination.

# Changes to the HX ID Process when calling the Customer Service Center

When calling NY State of Health as the result of receiving a HX ID pop-up:

- The process to resolve the HX ID pop-up will be faster!
- New screens and new matching techniques are being implemented for Call Center Representatives which will improve the efficiency of these calls.
- Some consumers will be able to have the HX ID pop-up resolved without being transferred.

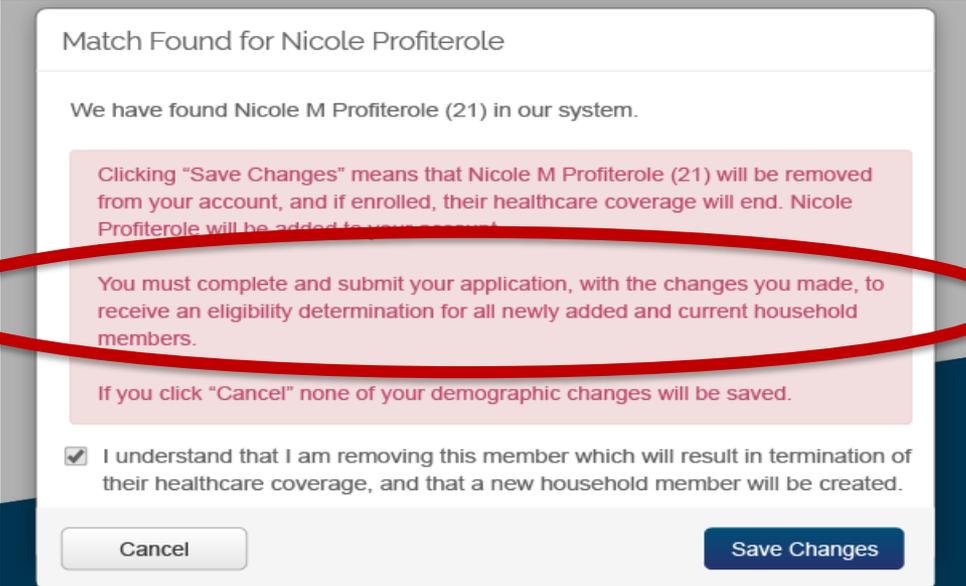


# Poll Question #3

After helping your consumer to add a SSN to someone in their household who previously didn't have one, you receive this HX ID pop-up message that tells you that NY State of Health knows who this person is. You help the consumer to check the checkbox and hit “Save Changes.”

What is the most important thing you must do next?

- A. Close the application to make sure the updated information gets saved.
- B. Explain to the consumer that no HX ID was required since the consumer was “known” to the system.
- C. Ask the consumer why this person was initially entered with no SSN.
- D. Complete and submit the consumer’s application to make sure that eligibility and plan selection is complete for all household members.



Match Found for Nicole Profiterole

We have found Nicole M Profiterole (21) in our system.

Clicking “Save Changes” means that Nicole M Profiterole (21) will be removed from your account, and if enrolled, their healthcare coverage will end. Nicole Profiterole will be added to your account.

You must complete and submit your application, with the changes you made, to receive an eligibility determination for all newly added and current household members.

If you click “Cancel” none of your demographic changes will be saved.

I understand that I am removing this member which will result in termination of their healthcare coverage, and that a new household member will be created.

Cancel Save Changes

# Questions?

- Duplicate HX ID Numbers.



# Recertification Process



- All Assistors who are registered or completed the in-person or online Assistor Certification training by 10/31/2019 will be required to view the recertification webinars.
- Keep track of the date you watched the live webinar or the recording.
- In November, supervisors will be emailed a Recertification Report or spreadsheet and must attest to the accuracy of each date the Assistor said they viewed the webinar.
- The four (4) webinars that are required for 2019 will be posted here: <https://info.nystateofhealth.ny.gov/SpringTraining>

# Thank you for joining us!



- Please complete the survey
  - Evaluation of Webinar: What's Coming
- As always, watch for the video and materials to be posted to:  
<http://info.nystateofhealth.ny.gov/SpringTraining>

## Recertification Webinars

September 25 - Open Enrollment, Renewals, and What's Coming

October 23 - 2020 QHP and EP Line-Up